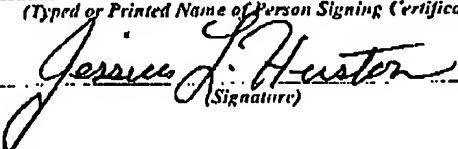



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.	
Applicant(s): STEVEN J. HOLMES ET AL.			FIS920030151US2	
Application No. 10/709,285	Filing Date 04/27/2004	Examiner T. QUACH	Group Art Unit 2814	
Invention: METHOD FOR IMAGE REVERSAL OF IMPLANT RESIST USING A SINGLE PHOTOLITHOGRAPHY EXPOSURE AND STRUCTURES FORMED THEREBY				
RECEIVED CENTRAL FAX CENTER APR 29 2005				
<p>I hereby certify that this _____ <u>Transmittal and Amendment</u> _____ (Identify type of correspondence)</p> <p>Is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>04/29/2005</u> (Date)</p> <p style="text-align: right;"><u>Jessica L. Huston</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. FIS9200301511/S2	
Applicant(s): STEVEN J. HOLMES ET AL.						
Application No. 10/709,285	Filing Date 04/27/2004	Examiner T. QUACH	Customer No. 29371	Group Art Unit 2814	Confirmation No. 3284	
Invention: METHOD FOR IMAGE REVERSAL OF IMPLANT RESIST USING A SINGLE PHOTOLITHOGRAPHY EXPOSURE AND STRUCTURES FORMED THEREBY						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	4 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: April 29, 2005			
Sean F. Sullivan Reg. No. 38,328 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	STEVEN J. HOLMES, ET AL.)	
)	Group Art Unit: 2814
Serial No.:	10/709,285)	
)	
Filed:	April 27, 2004)	Examiner: Quach, T.
)	
For:	METHOD FOR IMAGE REVERSAL OF)	
	IMPLANT RESIST USING A SINGLE)	Confirmation No.: 3284
	PHOTOLITHOGRAPHY EXPOSURE)	
	AND STRUCTURES FORMED THEREBY))	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action mailed February 2, 2005, please amend the
Application as follows: